



Office of Assemblyman Donald Wagner Internship Application

Please complete the following information

Please Mark one: Sacramento Office ☐ Irvine Office ☐

Name: _____

Email Address: _____

Home Address: _____

Phone Number: _____

Family Contact and Phone Number: _____

School Address: _____

College/University: _____

Academic Major: _____

Current grade level: _____

Anticipated year of graduation: _____

GPA: _____

Do you intend to receive academic credit for this internship? _____

Beginning and Ending date of internship: _____

List Names, Addresses, and Phone Numbers of three References:

1. _____
2. _____
3. _____

List organizations, clubs, teams, etc. that you have been involved with:

List your computer skills:

Please complete the following questions and provide an example for each answer.
Feel free to answer these questions on a separate page.

1. Why do you want to intern with Assemblyman Wagner?

2. Have you worked in an office environment before?

3. Do you consider yourself well organized?

4. What are your expectations of the internship?

5. Name your favorite United States President. Please explain.

6. What is your dream job?

Please fax the completed application, along with a cover letter and resume to:

Assemblyman Donald Wagner
Attn: Internship Coordinator

Fax: (916) 319-2170